



Bill to:
Rehmann Transportation Corp.
,
,
,

Invoice Date: 08/02/2023
Invoice #: 200 051908
Terms: NET 30
Due Date: 09/02/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/31/2023		3001 Cofer Rd, Richmond, VA, USA - 5490 W Roosevelt Rd, Chicago, IL 60644, USA			
			1	1500	1500

TOTAL
1500

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092

To: Riki Transportation -ICC No. 0086875
Fax Attn: BILL Fax (888)294-7030 Vc (708)303-5150

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

**** ALL Accessorials must be preapproved. ****

ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS.

FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.

YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO.

***NO ADVANCES* ALL Comchecks will have a \$17 charge added including Lumpers**
Carrier to provide driver(s) to affect agreed schedule according to
DOT SAFETY REGULATIONS

NO Brokers: by signing this amendment to contract you agree to utilize
YOUR equipment. If this load is brokered out you agree to forfeit payment.

BILLING REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent
from your insurance agent and listing Rehmann Transportation Corp.
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call 1-856-924-5200
BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum_to_Contract

Load Number: 200 051908 (This number must appear on all paperwork)

Pick-up(s):	Consignee(s):
Richmond VA 23224	Chicago IL 60644
Appt: 7/31/23 12:00-16:00	Appt: 08/01/23 20:00PM
** HOT HOT ** Must Pick-up & Deliver ON TIME **	

#/Pcs	Commodity_____	Weight	Equipment_____	Amount
	Packaging Material	42,000	VAN ONLY	1,500.00

MUST PU AND DEL ON TIME

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Bill Carson Date: 7/31/2023
Riki Transportation -ICC No. 0086875

Please SIGN and FAX back to 1-888-965-2010 Attn: CODY

TIME IN: 00/00/0000 00:00:00
TIME OUT: 07/31/2023 15:19:31
Carrier STOO - SARBET STO
BOL No. 81389219
PO# 1545541
Delivery No. 81389219

TIME IN: 00/00/0000 00:00:00
TIME OUT: 07/31/2023 15:19:31
Carrier STOO - SABERT STO

BOL No. 81389219
PO# 1545541

Delivery No. 81389219

To (Consignee and Destination)

From **Sabert Corporation**
3001 Cofer Rd
Richmond VA 23224

Sabert 5490 WH (Formerly LBP)
5490 W. Roosevelt Rd
Chicago IL 60644

SCS-COC-005461 FSC = FSC MIX 70 %

SCS-PEEC/COC-005461 PEEC = 100% PEEC

Req Deliv Date: 00/00/0000

Quote No.:

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SEAL No: 0970397

PRO# Barcode:

No. Packages	Pkg. Type	HT	* NMFC Article	Sub	Description of Article, Special Marks and Exceptions	Weight (Ship to Corr.)	Rate	Qty
717	MSF		153900		Paper goods	9 LB	55	

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without the endorsement of the consignor, the consignor shall sign the following statement: The carrier shall not be responsible for delivery of this shipment without payment of freight and all other lawful charges.

Sabert Corporation

Signature of Consignor

If charges are to be prepaid, stamp here "To be Prepaid"

C.O.D. Charge to be paid by:

Shipper ☐ Consignee ☐

Received by: *[Signature]*
 Date: *8-31-73*
 Appointment Time: *8:00 PM*
 Time in: *8:30 PM*
 Time Out: *8:00 PM*

Product Safety
 Vehicle Inspection

This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured prior to load unloading.

Inspector: *[Signature]* Date: *8-31-73*

-DO NOT BREAK STRETCH WRAP-
 CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-

-DO NOT BREAK STRETCH WRAP.
-CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS.

Note -- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby stated by the shipper to be not exceeding

Remit
C.O.D. to:
Address:

**COD
AMOUNT**

\$

per

[illegible]

below, where the corporation is possessed of the right to use the highway and the right to use the highway is not a hereditary right to be enjoyed by the corporation and its successors. The use of this

[illegible]

from the Agent

Date _____

ages

river

Date _____